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| SERIAL NUMBER 09/244,374 REISSUE | FILING DATE 02/04/99 | CLASS 450 | GROUP ART UNIT 3741 | ATTORNEY DOCKET NO. 1575.001 |
|--|-------------------------|--------------|------------------------|---------------------------------|

APPLICANT

DAVID L. HOLLIDAY, JAMES ISLAND, SC.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A RE OF 08/617,507 03/15/96 PAT 5,769,688

ok

371 (NAT'L STAGE) DATA***

VERIFIED

none

FOREIGN APPLICATIONS***

VERIFIED

none

FOREIGN FILING LICENSE GRANTED 03/08/99

***** SMALL ENTITY *****

| | | | | | |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY SC | SHEETS DRAWING 2 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged Examiner's Initials <u>CH</u> Initials _____ | | | | | |

ADDRESS

B CRAIG KILLOUGH
134 MEETING STREET
SUITE 300 P O DRAWER H
CHARLESTON SC 29401

TITLE

ATHLETIC BREAST AND CHEST PROTECTOR

| | | |
|-------------------------------------|---|---|
| FILING FEE RECEIVED \$380 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------------|---|---|